

PARTY WITHOUT ATTORNEY OR ATTORNEY:                      STATE BAR NO:  NAME: FIRM NAME: STREET ADDRESS:  TELEPHONE NO.:    FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
<b>MARRIAGE OR PARTNERSHIP OF</b> PETITIONER 1: PETITIONER 2:	
<div style="text-align: center;"><b>JOINT PETITION FOR SUMMARY DISSOLUTION</b></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> MARRIAGE                      <input type="checkbox"/> DOMESTIC PARTNERSHIP         </div>	CASE NUMBER:

**We petition for a summary dissolution of marriage, registered domestic partnership, or both** and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. a. ☐ We were married on (date):  
       b. ☐ We registered as domestic partners on (date):
3. ☐ We separated on (date):
4. Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
5. a. ☐ One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only asking to end a domestic partnership registered in California.  
       b. ☐ We are the same sex and were married in California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
6. There are no minor children who were born of our relationship before or during our marriage or domestic partnership or adopted by us during our marriage or domestic partnership. Neither one of us, to our knowledge, is pregnant.
7. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
8. Except for obligations with respect to cars, on obligations incurred by either or both of us during our marriage or domestic partnership, we owe no more than \$6,000.
9. The total fair market value of community property assets, not including what we owe on those assets and not including cars, is less than \$43,000.
10. Neither of us has separate property assets, not including what we owe on those assets and not including cars, in excess of \$43,000.
11. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
12. We have complied with the preliminary disclosure requirements as follows:
  - a. We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in (1) or (2) below (specify):
    - (1) ☐ The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form FL-810).
    - (2) ☐ A *Declaration of Disclosure* (form FL-140), a *Schedule of Assets and Debts* (form FL-142), or *Property Declaration* (form FL-160), and all attachments to these forms.
  - b. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
  - c. We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

PETITIONER 1: PETITIONER 2:	CASE NUMBER:
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13. (Check whichever statement is true.)
- a. ☐ We have no community assets or liabilities.
  - b. ☐ We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825).
14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.
15. a. ☐ Petitioner 1 desires to have his or her former name restored. That name is (specify):  
 b. ☐ Petitioner 2 desires to have his or her former name restored. That name is (specify):
16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.
17. **Each of us forever gives up any right to spousal or partner support from the other.**
18. We each agree to keep the court and each other informed of any change of mailing address or phone number occurring within six months from the filing of this joint petition using the *Notice of Change of Address or Other Contact Information* (form MC-040).
19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.
20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

**21. Mailing address of Petitioner 1**

**22. Mailing address of Petitioner 2**

Name:  
Address:

Name:  
Address:

City:  
State:  
Zip Code:

City:  
State:  
Zip Code:

23. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:



(SIGNATURE OF PETITIONER 1)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:



(SIGNATURE OF PETITIONER 2)

**NOTICES**

**Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (from FL-825) stating the effective date of your dissolution. Until the effective date specified on form FL-825 for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830). If you stop this joint petition, you will STILL be married or in a domestic partnership.**

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address):  <hr/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
<b>MARRIAGE OR DOMESTIC PARTNERSHIP OF</b> PETITIONER 1:  PETITIONER 2:	
<b>JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT</b>  <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER:

Use this form **ONLY** if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

**1. THE COURT ORDERS**

- a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective (date):
- b. ☐ The former name of Petitioner 1 is restored (specify):
- c. ☐ The former name of Petitioner 2 is restored (specify):

Both petitioners must comply with any agreement attached to this judgment.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

**NOTICE:** Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

**NOTICE OF ENTRY OF JUDGMENT**

**2. You are notified that a judgment of dissolution of**

- a. ☐ marriage
- b. ☐ domestic partnership

was entered on (date):

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

### CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (*place*): California,

on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy

ADDRESS OF PETITIONER 1

ADDRESS OF PETITIONER 2


ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY AND ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
<b>MARRIAGE OR DOMESTIC PARTNERSHIP OF</b> Petitioner 1 Petitioner 2	
<b>NOTICE OF REVOCATION OF JOINT PETITION FOR SUMMARY DISSOLUTION</b>	CASE NUMBER: _____

Notice is given that the undersigned terminates the summary dissolution proceedings and revokes the *Joint Petition for Summary Dissolution* (form FL-800) filed on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____	_____
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

Complete this notice. Submit the original and two copies to the court clerk's office. If the effective date of the judgment has not yet occurred, the clerk will notify you that this notice of revocation has been filed by completing the certificate below.

Name and address of Petitioner 1 <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	Name and address of Petitioner 2 <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
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**CLERK'S CERTIFICATE OF MAILING (For court use only)**

I certify that I am not a party to this cause and that a copy of the foregoing was mailed first class, postage fully prepaid, in a sealed envelope as shown above, and that the mailing of the foregoing and execution of this certificate occurred at

(place): \_\_\_\_\_ California, on \_\_\_\_\_  
 Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**NOTICE**

If the clerk's certificate of mailing above has been dated and signed by the clerk, this summary dissolution case is ended. You are still married and/or domestic partners. If you still want to get divorced, you will have to file a regular divorce case using the *Petition—Marriage/Domestic Partnership* (form FL-100).

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HUSBAND: _____	CASE NUMBER:
WIFE: _____	

## VII. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **wife's separate property** cannot be more than \$38,000. The total fair market value of the **husband's separate property** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

Item	Wife's Property— Fair Market Value	Husband's Property— Fair Market Value

B. Items owned outright

Item		

C. Items being bought on credit

Item	Fair Market Value	Minus What's Owed		
		=		
		=		
		=		
		=		
		=		
		=		
		=		
GRAND TOTALS: WIFE'S AND HUSBAND'S SEPARATE PROPERTY				

HUSBAND:  WIFE:	CASE NUMBER:
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## VII. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.					
Item	Amount			Wife Receives	Husband Receives
<b>Subtotal A</b>					
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)					
Item	Fair Market Value			Wife Receives	Husband Receives
<b>Subtotal B</b>					
C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)					
Item	Fair Market Value	Minus Amount Owed	= Net Fair Market Value	Wife Receives	Husband Receives
			=		
			=		
			=		
			=		
<b>Subtotal C</b>					
<b>Grand total value of community property = A + B + C</b>					



Attach copies of your pay stubs for last two months (black out social security numbers).

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PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) . . . . .	\$ _____	_____
b. Overtime (gross, before taxes) . . . . .	\$ _____	_____
c. Commissions or bonuses. . . . .	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .	\$ _____	_____
g. Pension/retirement fund payments. . . . .	\$ _____	_____
h. Social security retirement (not SSI) . . . . .	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . .	\$ _____	_____
j. Unemployment compensation . . . . .	\$ _____	_____
k. Workers' compensation . . . . .	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest. . . . .	\$ _____	_____
b. Rental property income . . . . .	\$ _____	_____
c. Trust income. . . . .	\$ _____	_____
d. Other (specify): . . . . .	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month

a. Required union dues . . . . .	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA). . . . .	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). . . . .	\$ _____	_____
d. Child support that I pay for children from other relationships. . . . .	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage. . . . .	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership . . . . .	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . .	\$ _____	_____

11. **Assets** . . . . . Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell . . . . .	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . .	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**

☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

**a. Home:**

(1) ☐ Rent or ☐ mortgage... \$ \_\_\_\_\_

If mortgage:

(a) average principal: \$ \_\_\_\_\_

(b) average interest: \$ \_\_\_\_\_

(2) Real property taxes ..... \$ \_\_\_\_\_

(3) Homeowner's or renter's insurance  
(if not included above) ..... \$ \_\_\_\_\_

(4) Maintenance and repair ..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies. .... \$ \_\_\_\_\_

e. Eating out. .... \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_

g. Telephone, cell phone, and e-mail ..... \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education ..... \$ \_\_\_\_\_

k. Entertainment, gifts, and vacation. .... \$ \_\_\_\_\_

l. Auto expenses and transportation  
(insurance, gas, repairs, bus, etc.) ..... \$ \_\_\_\_\_

m. Insurance (life, accident, etc.; do not  
include auto, home, or health insurance)... \$ \_\_\_\_\_

n. Savings and investments. .... \$ \_\_\_\_\_

o. Charitable contributions. .... \$ \_\_\_\_\_

p. Monthly payments listed in item 14  
(itemize below in 14 and insert total here). . \$ \_\_\_\_\_

q. Other (specify): ..... \$ \_\_\_\_\_

r. **TOTAL EXPENSES (a–q)** (do not add in  
the amounts in a(1)(a) and (b)) \$ \_\_\_\_\_

s. **Amount of expenses paid by others** \$ \_\_\_\_\_

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**CHILD SUPPORT INFORMATION****(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

Amount per month

- a. Child care so I can work or get job training. . . . . \$ \_\_\_\_\_
- b. Children's health care not covered by insurance . . . . . \$ \_\_\_\_\_
- c. Travel expenses for visitation . . . . . \$ \_\_\_\_\_
- d. Children's educational or other special needs *(specify below)*: . . . . . \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. . . . . \$ \_\_\_\_\_
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . . \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . . \$ \_\_\_\_\_
- (2) Names and ages of those children *(specify)*: \_\_\_\_\_

(3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**

Attach copies of your pay stubs for last two months (black out social security numbers).

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PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- |  | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) . . . . .   | \$ _____   | _____           |
| b. Overtime (gross, before taxes) . . . . .  | \$ _____   | _____           |
| c. Commissions or bonuses. . . . .   | \$ _____   | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .  | \$ _____   | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .  | \$ _____   | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .                    | \$ _____   | _____           |
| g. Pension/retirement fund payments. . . . .   | \$ _____   | _____           |
| h. Social security retirement (not SSI) . . . . .  | \$ _____   | _____           |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . . | \$ _____   | _____           |
| j. Unemployment compensation . . . . .   | \$ _____   | _____           |
| k. Workers' compensation . . . . .   | \$ _____   | _____           |
| l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .   | \$ _____   | _____           |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- |                                     |          |       |
|-------------------------------------|----------|-------|
| a. Dividends/interest. . . . .      | \$ _____ | _____ |
| b. Rental property income . . . . . | \$ _____ | _____ |
| c. Trust income. . . . .            | \$ _____ | _____ |
| d. Other (specify): . . . . .       | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_
- Number of years in this business (specify): \_\_\_\_\_
- Name of business (specify): \_\_\_\_\_
- Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month
- |   |          |       |
|---|----------|-------|
| a. Required union dues . . . . .  | \$ _____ | _____ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA). . . . .                                  | \$ _____ | _____ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount). . . . .                     | \$ _____ | _____ |
| d. Child support that I pay for children from other relationships. . . . .  | \$ _____ | _____ |
| e. Spousal support that I pay by court order from a different marriage. . . . .                                       | \$ _____ | _____ |
| f. Partner support that I pay by court order from a different domestic partnership . . . . .                          | \$ _____ | _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . . | \$ _____ | _____ |

11. **Assets** . . . . . Total
- |   |          |       |
|---|----------|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .  | \$ _____ | _____ |
| b. Stocks, bonds, and other assets I could easily sell . . . . .  | \$ _____ | _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . . | \$ _____ | _____ |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**      ☐ Estimated expenses      ☐ Actual expenses      ☐ Proposed needs

- |   |  |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes . . . . . \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) . . . . . \$ _____</p> <p>(4) Maintenance and repair . . . . . \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care . . . . . \$ _____</p> <p>d. Groceries and household supplies. . . . . \$ _____</p> <p>e. Eating out. . . . . \$ _____</p> <p>f. Utilities (gas, electric, water, trash) . . . . . \$ _____</p> <p>g. Telephone, cell phone, and e-mail . . . . . \$ _____</p> | <p>h. Laundry and cleaning . . . . . \$ _____</p> <p>i. Clothes . . . . . \$ _____</p> <p>j. Education . . . . . \$ _____</p> <p>k. Entertainment, gifts, and vacation. . . . . \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. . . . . \$ _____</p> <p>o. Charitable contributions. . . . . \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): . . . . . \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|---|--|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**CHILD SUPPORT INFORMATION****(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

Amount per month

- a. Child care so I can work or get job training. . . . . \$ \_\_\_\_\_
- b. Children's health care not covered by insurance . . . . . \$ \_\_\_\_\_
- c. Travel expenses for visitation . . . . . \$ \_\_\_\_\_
- d. Children's educational or other special needs *(specify below)*: . . . . . \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. . . . . \$ \_\_\_\_\_
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . . \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . . \$ \_\_\_\_\_
- (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**